

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37099**

FILED DEC 8 1948

Registration District No. **756**

Primary Registration District No. **224**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1906 1/2 Grand Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 Years** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **Elmer Cornelius HOLMES**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Della Holmes** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **May 23rd. 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 4 hr. min.

9. Birthplace **Bradford Penn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Oil Driller**

11. Industry or business

12. Name **Elmer C. Holmes**
13. Birthplace **Penn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Melissa Thompson**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Della Holmes**
(b) Address **1906 1/2 Grand Ave. Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 2, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Osborne Memorial Cem**

18. (a) Signature of funeral director **Thornhill-Dillon**
(b) Address **305 West 4th St. Joplin, Mo.**

19. (a) **11-30-48** (b) **Ed D. Jones**
(Date received local registration) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **1906 1/2 Grand Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **28th**
year **1948** hour **8:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **6-10**
48 to **11-28-48**, 19 **48**
that I last saw him alive on **11-14-48**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation**
Valvular heart dis
Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations **728**
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **U**

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **P. Hamilton** (M. D. seal) **MO**
Address **Osborne Memorial Cem** Date signed **11-30**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Osborne

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Cecilia Thomhill

Licensed Embalmer No.....

3590

P. O. Address.....

Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.